L24000201630

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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05/13/24 -010/8-022 **25.00



COVER LETTER

TO: Registration : Division of Co			
SUBJECT:	MeLTING IN	VK LLC	
		ited Liability Company	
The enclosed Articles of	of Amendment and fec(s) are sub	unitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	MICHA	Name of Person	
		Name of Person	
	Me	ETING TOK UC	
		Firm/Company	
	3529	BLUEBERRY DR. Address	
		Address	
	LAKELA	NO, FL 33811 City/State and Zip Code	
		City/State and Zip Code	
		to be used for future annual report noti	
For further information	concerning this matter, please c	•	neation)
MICH	ALL TURNER	at (863) 450 -	7069
Name	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	- INK LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now a da Limited Liability Comp	appears on our records.) oany)	
The Articles of Organization for this Limited Liability	Company were filed o	on 4/30/24	and assigned
Florida document number <u>L2400020/630</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability compa	nv here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company,	"the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here:		our records, enter the n	ame of the new registere
Name of New Registered Agent:		-	
New Registered Office Address:			
	Ent	ter Florida street address	•
		, Florida	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MICHAEL TURNER	1529 BLUEBERRY DR.	Add
		LAKELAND, KL 33811	□Remove
			□Change
AP	IVA TUENER	3644 OPAL DR. MULBERRY, FL 33860	□Add
			Remove
			Change
			□ Add
			□Remove
		-	□Change
			
			□Remove
		·	- □Change
			□Add
			□Remove
			□Change
			□Add
		 	□ Remove

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lf an effecti Note: If		date must be specifing this block does	ic and cannot be not meet the ap	prior to date of filitoplicable statutor	ng or more than 90 d	_ (optional) lays after filing.) Purs ents, this date will	
e record s rd is filed	i.				a.m. on the earlie	er of: (b) The 901	h day after the
Dated	MAY	, 9th T		24.			
		7	Wil In				
		Signature	of a member or	authorized represe	entative of a member	r	